

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000021292

Entity Name: IDEAL HEALTH BENEFITS LLC

Current Principal Place of Business:

4300 N UNIVERSITY DRIVE E103
LAUDERHILL, FL 33351

Current Mailing Address:

4300 N UNIVERSITY DRIVE E103
LAUDERHILL, FL 33351 US

FEI Number: 81-1288895

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERSTEIN, JONATHAN
4300 N UNIVERSITY DRIVE E103
LAUDERHILL, FL 33351 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title COO
Name SILVERSTEIN, STEVEN
Address 4300 N UNIVERSITY DRIVE E103
City-State-Zip: LAUDERHILL FL 33351

Title VP
Name CASAMAYOURET, LISSA
Address 4300 N UNIVERSITY DRIVE E103
City-State-Zip: LAUDERHILL FL 33351

Title COO
Name SILVERSTEIN, JONATHAN
Address 4300 N UNIVERSITY DRIVE E103
City-State-Zip: LAUDERHILL FL 33351

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN SILVERSTEIN

COO

04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date